

19 August 2021

Dear Editor,

RE: Revision of Manuscript (1st revision)

We hereby submit the revised manuscript entitled “Efficacy and Safety of Recombinant Human Erythropoietin (Hema-Plus®) for Management of Anemia in Thai Patients on Peritoneal Dialysis” to be considered for publication in *World Journal of Nephrology*.

Based on the instructions/comments provided, we uploaded the file of the revised manuscript on the journal submission system.

We have revised the manuscript by modifying Results, Discussion and Conclusion section based on the comments and adding Article Highlights, Table 3 and Table 4. Accordingly, we have also enclosed the tracked changes of all the amends on the manuscript.

Enclosed to this letter is our point-by-point response to the comments. As you notice, we agreed with all the comments raised by the reviewers. We would like to take this opportunity to express our sincere thanks to the editor and reviewers of our manuscript. We would like also to thank you for allowing us to resubmit a revised copy of the manuscript.

I hope that the revised manuscript is accepted for publication in *World Journal of Nephrology*.

Piyatida Chuengsamarn

Sincerely yours

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Comments from reviewers

This interesting, clear, statistically sound and well-written Prospective Study, Efficacy and Safety of Recombinant Human Erythropoietin (Hema-Plus®) for Management of Anemia in Thai Patients on Peritoneal Dialysis.

I have some minor observations to increase quality of the manuscript.

1. Typographical errors:

Page 9 paragraph 1 line 2 patents instead of patients

Page 11 paragraph 1 line 1 and 5, what do you mean by AEs and SAEs? First notations should be written fully

Page 12 paragraph 1 line 6 and 7, paragraph 2, line 12 review

Authors' Response. We asked Mr. Stephen Pinder a medical-English specialist for English proofreading of this manuscript again before submitting the revision.

2. How did you control your cofounders?

Authors' Response: The study excluded patients with the conditions that might influence the response to study drug. We would perform additional analysis to compare Hb levels at baseline and week 12 by the factors that could affect the ESA response, i.e. thalassemia, infection, hemolysis, blood loss, hyperparathyroidism, low blood folic acid, and iron deficiency. However, only infection had a certain variation, i.e. 36.67% of the 30 patients having infection (i.e. exit site infection, peritonitis, pneumonia, and cellulitis), adequately to test for statistical significance. The results have been added into the manuscript (*Results section, Hb levels subsection, Figure 4, Table 3 and Table 4*).

3. Discussion is not enough

Authors' Response: Thank you for suggestion. We added more discussion about the dosing, efficacy, and safety of rHuEPO